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APPLICANTS

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** CONTINUING DATA *****

none, sp

** FOREIGN APPLICATIONS *****

none, sp

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 4	TOTAL CLAIMS 20 / 16	INDEPENDENT CLAIMS 3 / 2
Verified and Acknowledged Examiner's Signature _____ Initials _____					

ADDRESS

23373
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TITLE

Optical fiber pump multiplexer

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